	PATENT A	RD	0,	205	£ 9	-02	600						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			57				RAT	E	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			5 7 minus 20=		* 77		X\$	9=	,	OR	X\$18=	661	
IND	EPENDENT CL	_AIMS	/ minus 3 =		*		X42=			OR	X84=	00,	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				.14	Λ		1	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				+14			OR		1146	
CLAIMS AS AMENDED - PART II										OR	TOTAL OTHER	1416 THAN	
	(Column 1) (Column 2) (Column 3)							LL E	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$:	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X42	?=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+280=		
								TĀL			TOTAL		
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT.	FEE		JO. 1	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X42	?=		OR	X84=		
Ľ.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140)-		OR	+280=		
	TOTAL										TOTAL		
(Column 1) (Column 2) (Column 3)										JOI1	ADDIT. FEE		
<u></u>		CLAIMS		HIGH	EST				ADDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***			X42	_		ΩB	X84=		
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			\dashv		OR			
*	If the entry in colu	mn 1 is less than t	ne entry in col	umn 2, write	e "0" in co	lumn 3.	+140			OR	+280=		
**	If the "Highest Nu If the "Highest Nu	mber Previously P Imber Previously P Imber Previously Pa	aid For" IN TH aid For" IN T⊦	IS SPACE I	s less tha is less tha	in 20, enter "20." an 3, enter "3."	ADDIT.		oropriate box		TOTAL ADDIT. FEE umn 1.		

Application or Docket Number